

Name

in
Full

CERTIFICATE OF DEATH

Jarry Adams

Town

County

MARYLAND

Died at

Cowell

Germantown

Date

Month

Day

Years

Months

Days

of death 1903

June

24

Age

2

4

—

Sex

Male

Color or
Race

White

Birth-
place

Cowell

Married, Single
or Widowed

Single

Occupation

—

Name of Wife or
Husband

—

Father's
Name

P. K. Adams

Father's
Birthplace

—

Mother's
Maiden Name

Susan Adams

Mother's
Birthplace

—

Name of person giving
Information

Lewis Adams

How related
to deceased

—

CAUSES OF DEATH

Primary

Diphtheria Croup

How long

9a

Immediate

How long

2 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Dr. Selby

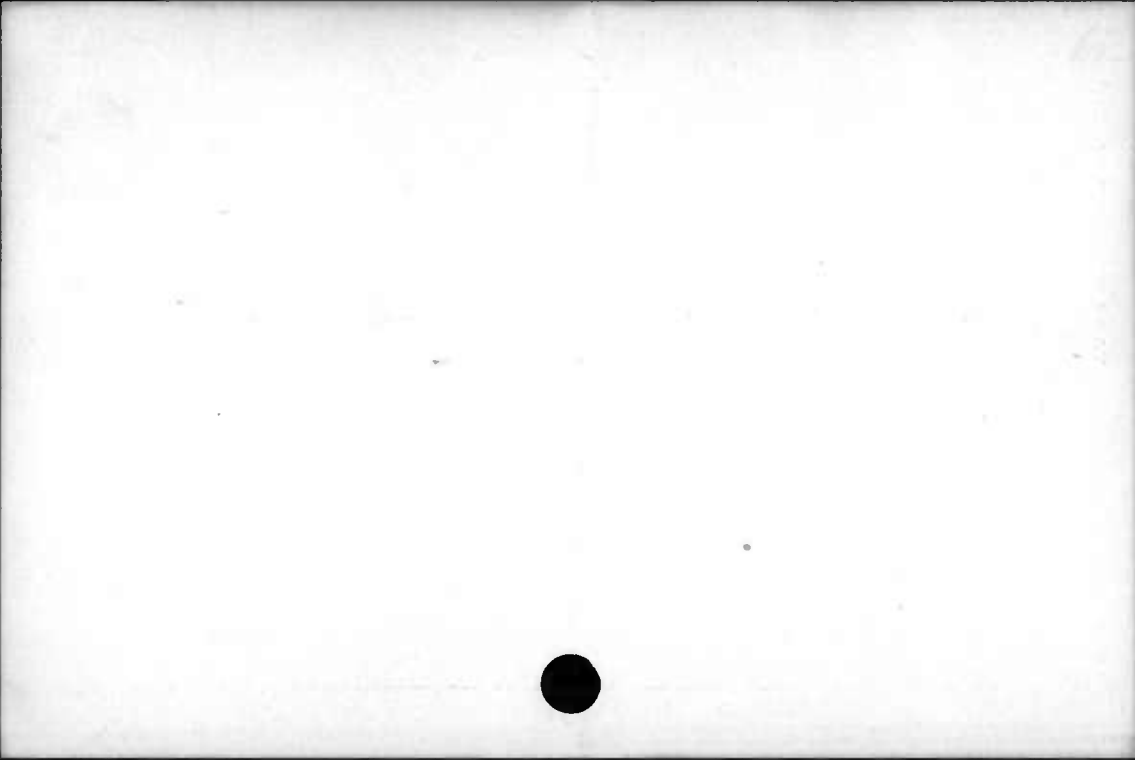
Address

Eglen W. W.

Accident or Suicide?

No

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bettinger</i> Town		<i>Gorrell</i> County		MARYLAND	
Date of death 190	<i>3</i> Month	<i>June</i> Day	<i>21</i> Age	<i>3</i> Years	<i>13</i> Months
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Bettinger</i>		
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <i>Newton Bettinger</i>			Father's Birthplace <i>Bettinger</i>		
Mother's Maiden Name <i>Mosha Pick</i>			Mother's Birthplace <i>Accident</i>		
Name of person giving information <i>Ira Sures</i>			How related to deceased <i>none</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>cholera infantum</i>	How long <i>five days</i>
Immediate <i>" "</i>	How long <i>" "</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. R. Beyer</i>
<i>of my knowledge</i>	Address <i>Accident</i>
Accident or Suicide?	<i>Maryland</i>



Name in Full		Town				County				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at				Near Locklyn - Gannett				MARYLAND			
		Date		Month		Day		Years		Months		Days	
		of death 190		3		June		18		Age		Still born N. Body	
		Sex		—		Color or Race		white		Birth-place		Near Locklyn	
		Married, Single or Widowed				—				Occupation			
		Name of Wife or Husband				—				—			
PHYSICIAN OR CORONER		Father's Name				Walter G. Body				Father's Birthplace			
		Mother's Maiden Name				—				Mother's Birthplace			
		Name of person giving information				C. J. Gannett				How related to deceased			
		CAUSES OF DEATH				—				—			
PHYSICIAN OR CORONER		Primary				Still born				How long			
		Immediate				—				How long			
		Are the name, age, sex, color, date and place correctly given above?				yes				Signature of Physician			
		Address				H. W. McJames				Oakland Md			
PHYSICIAN OR CORONER		Accident or Suicide?				—				—			
		—				—				—			



Name
in
Full

CERTIFICATE OF DEATH

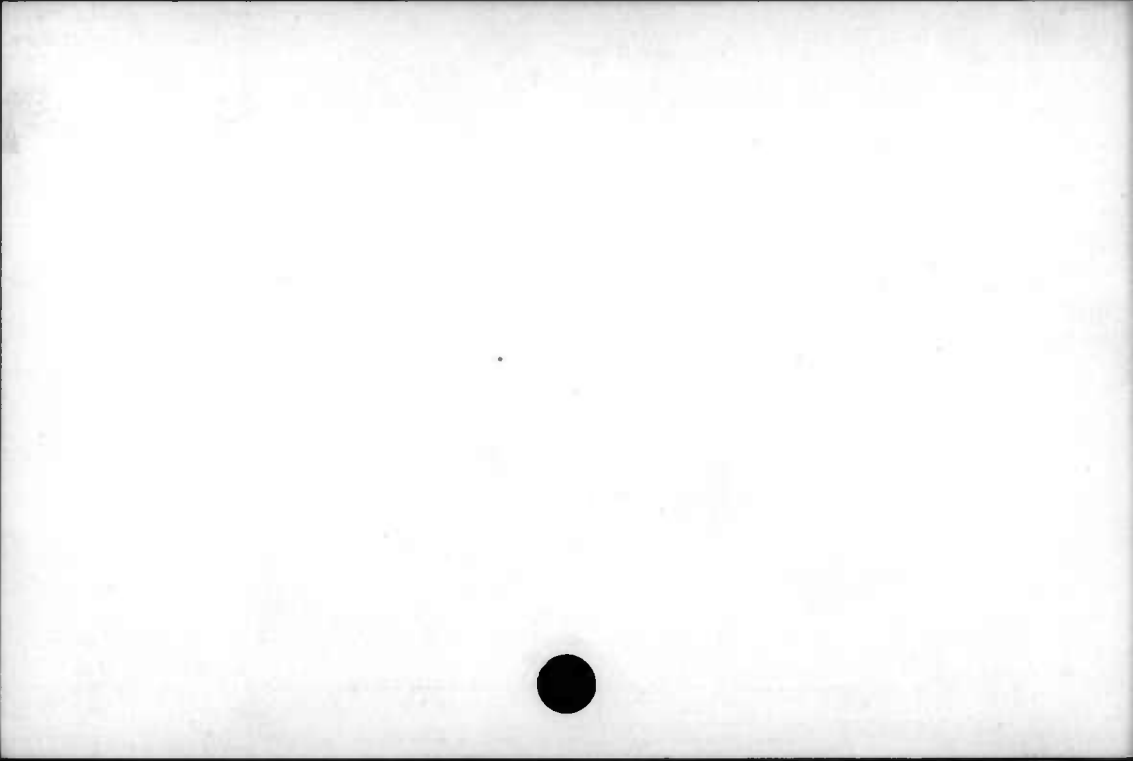
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Elisabeth Hearer</i>		Town <i>Friendville</i>		County <i>Garrett</i>		State <i>MARYLAND</i>	
Died at		Date of death 1903		Age		Months	
		<i>June</i>		<i>57</i>		<i>1</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Pa</i>		Days <i>10</i>	
Married, Single or Widowed <i>Married</i>		Occupation <i>House wife</i>					
Name of Wife or Husband <i>John H Hearer</i>							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information <i>John H Hearer</i>		<i>158</i>		How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Immediate <i>Suicide by drowning</i>		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>S. Savage Undertaker</i>	
		Address <i>Friendville Md</i>	
Accident or Suicide?			



PHYSICIAN
OR CORONERName
in
Full

CERTIFICATE OF DEATH

MARYLAND

Died at Bethlehem Town

County

Date _____

Date of death 190 7 Month June

Month

Day

Age

Years

Months

Days

Date of death 190

Sex

Color or Race

Birth-
place

Married, Single
or Widowed

Occupation

Name of Wife or Husband

Father's
Name

Father's Birthplace

Mother's
Maiden Name

Mother's Birthplace

Name of person giving
In formation

How related
to deceased

CAUSES OF DEATH

Primary

How long

Immediate

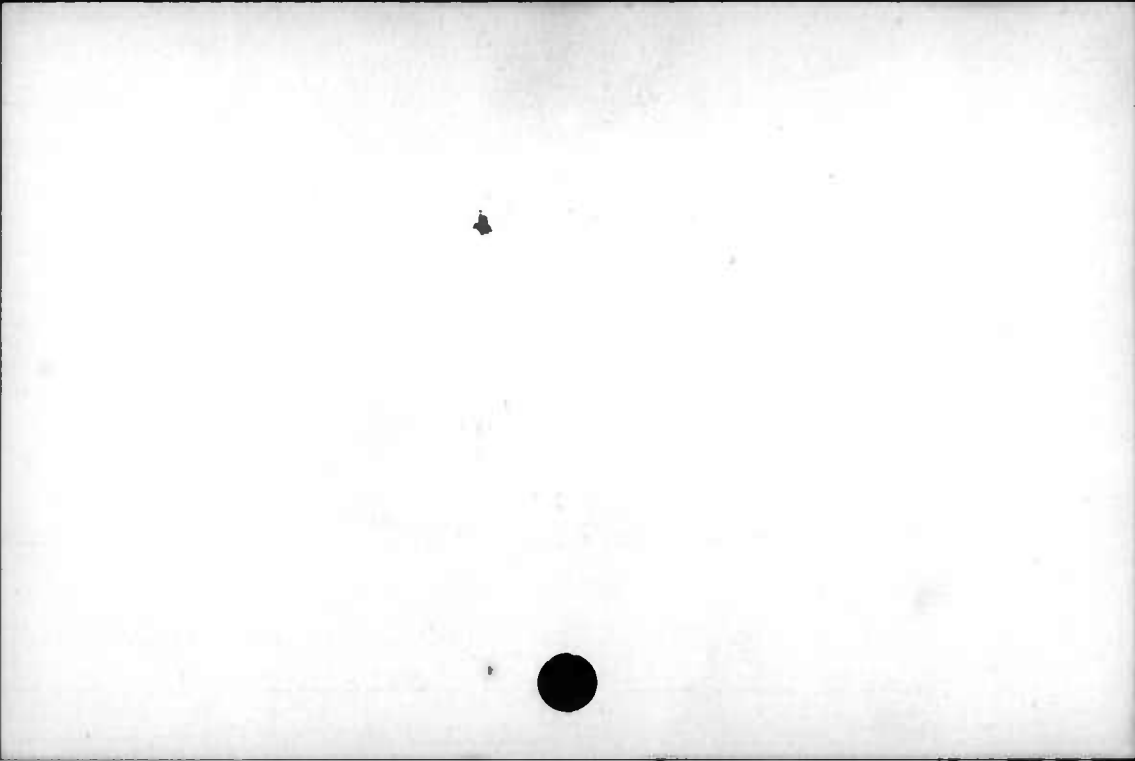
How long

Are the name, age, sex, color, date
and place correctly given above?

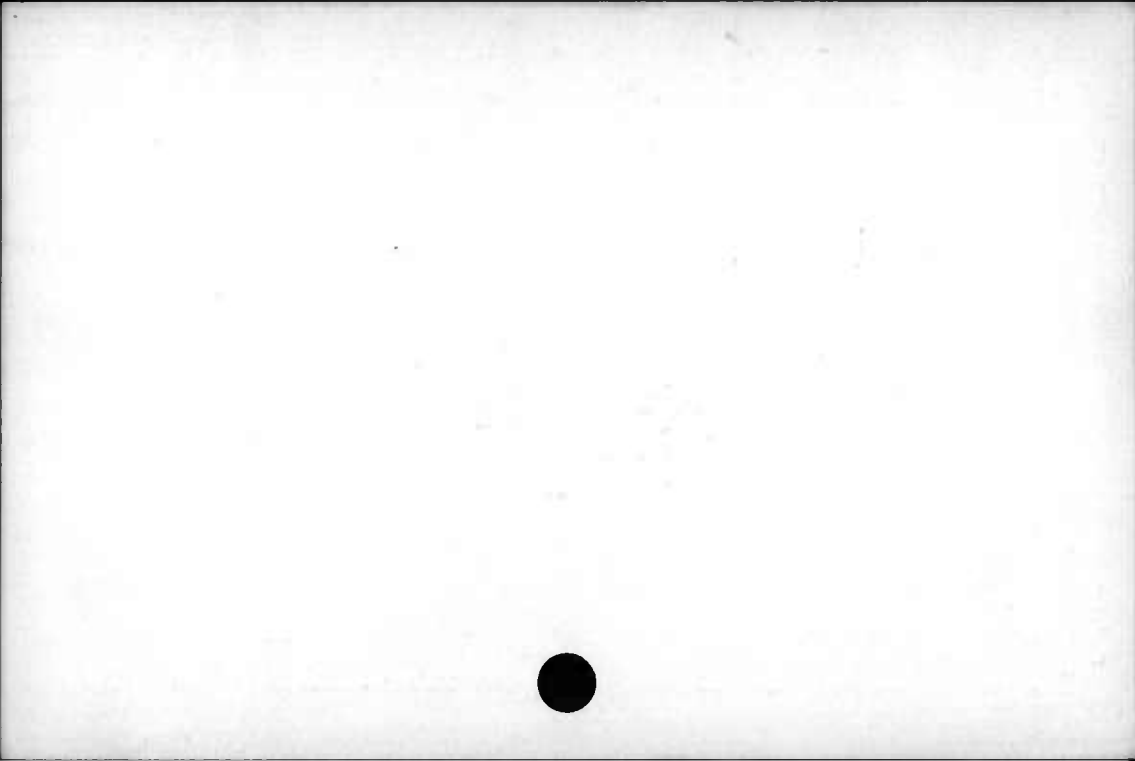
Signature of Physician

Address

Accident or Suicide?



Name in Full		Walter Kiserut				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND
	Date of death 1903		Month	Day	Years	Months	
	Sex		Color or Race		Birth-place		
	Married, Single or Widowed		Occupation				
	Name of Wife or Husband						
	Father's Name		Father's Birthplace				
	Mother's Maiden Name		Mother's Birthplace				
Name of person giving information		How related to deceased					
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		How long				
	Immediate		How long				
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician				
			Address				
	Accident or Suicide?						



Name
in
Full

Alexander Maloney X

CERTIFICATE OF DEATH

Town

County

Died at near Dur Park

Garrett

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1903

6

1

Age

24

Sex

male

Color or
Race

White

Birth-
placeMarried, Single
or Widowed

married

Occupation

Fireman (R.R.)

Name of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
Information

166

How related
to deceased

CAUSES OF DEATH

Primary

accident on Rail way

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

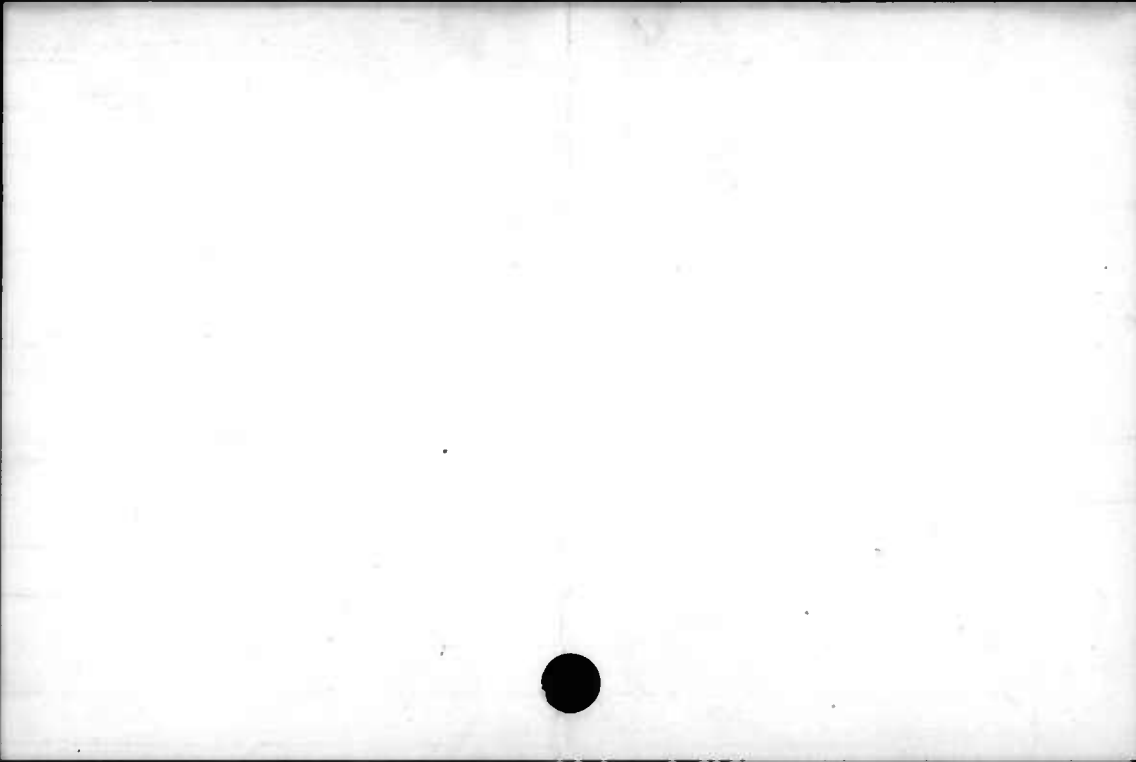
W J Cornea

Address

Cornea

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

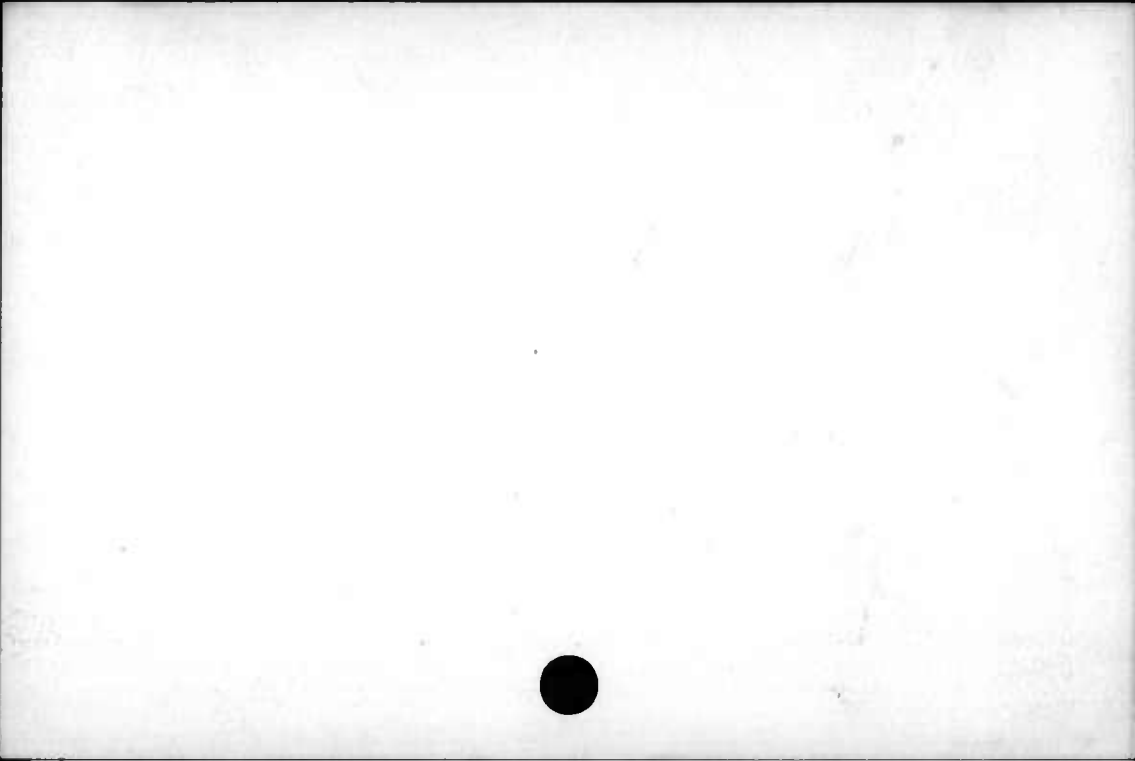
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Lichfield</i>		Town <i>Lichfield</i>		County <i>H</i>		MARYLAND	
Date of death 190 <i>2</i>	Month <i>June</i>	Day <i>7</i>	Age <i>72</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Barton Bluff</i>				
Married, Single or Widowed <i>Married</i>		Occupation <i>Housewife</i>					
Name of Wife or Husband <i>Richard Nelson Murphy</i>							
Father's Name <i>Moore</i>				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information <i>Frank Murphy</i>				How related to deceased <i>Son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Grippe</i>	How long <i>10</i>	How long <i>one week</i>
Immediate <i>Pneumonia</i>		How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. D. L...</i>	
	Address <i>Oakland</i>	
Accident or Suicide?	<i>No</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Johns Lane Park</i> Town <i>Garrett</i> County		MARYLAND	
Date of death 190 <i>3</i> Month <i>June</i> Day <i>6</i> Age <i>1</i> Years Months <i>8</i> Days	Sex <i>girl</i> Color or Race <i>white</i> Birth-place <i>White P. Md</i>		
Married , Single or Widowed		Occupation	
Name of Wife or Husband			
Father's Name <i>Joseph Rothman</i>		Father's Birthplace <i>-</i>	
Mother's Maiden Name <i>Jarboe</i>		Mother's Birthplace <i>-</i>	
Name of person giving information		How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Measles</i> <i>6</i>	How long <i>3 days</i>
Immediate <i>Pneumonia</i>	How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

Isaac Spiker X

CERTIFICATE OF DEATH

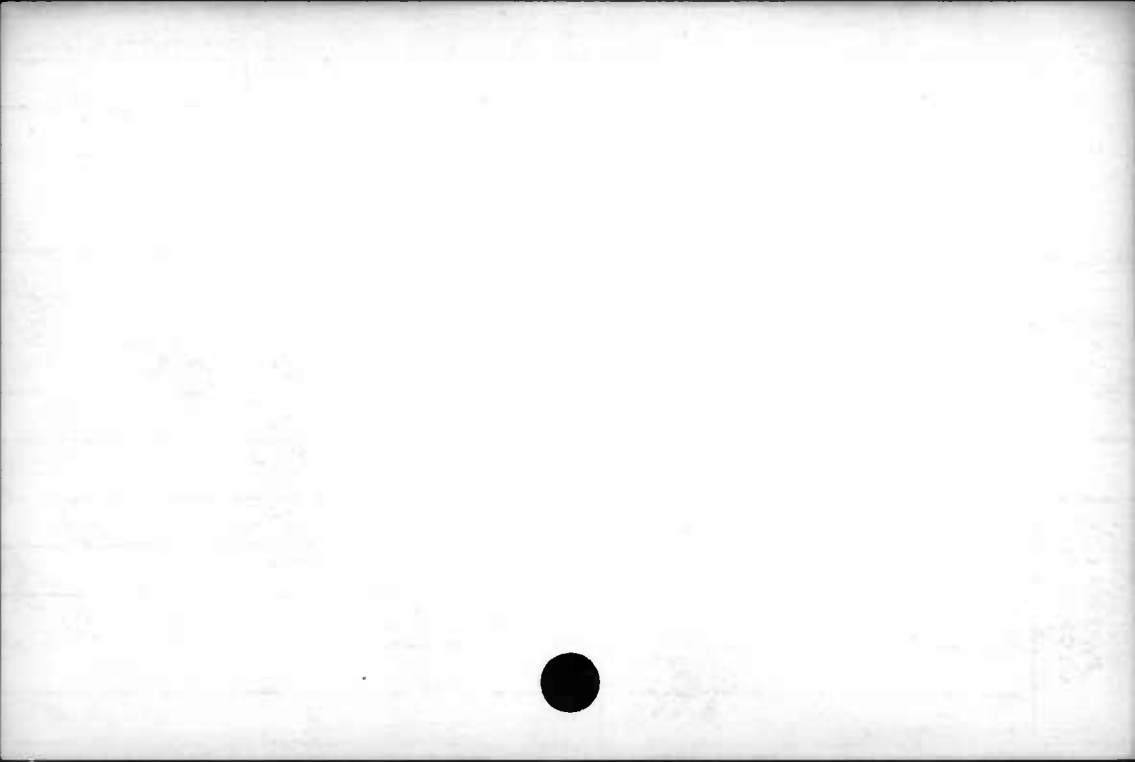
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Grantsville</i>		Town		<i>Garrett</i>		County		MARYLAND	
Date of death 190 <i>3</i>		Month <i>une</i>		Day <i>7</i>		Age <i>54</i>		Years Months Days	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Garrett Co Md</i>					
Married, Single or Widowed <i>Married</i>				Occupation <i>Laborer</i>					
Name of Wife or Husband <i>Maria Dursh</i>									
Father's Name <i>Nichl Spiker</i>				Father's Birthplace <i>Pa</i>					
Mother's Maiden Name <i>Elizabeth Rhoads</i>				Mother's Birthplace <i>Pa</i>					
Name of person giving information <i>Benny Witzgall</i>				How related to deceased <i>none</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Epileptic Spasm</i>		How long <i>20 years</i>	
Immediate <i>Tuberculosis abscess</i>		How long <i>8 weeks</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>H L Berans</i>	
		Address <i>Grantsville Md</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Harry Silt</i> Town		County <i>Garret</i>		MARYLAND		
Date of death	1903	Month <i>July</i>	Day <i>12th</i>	Age <i>3</i> Years	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place			
Occupation			Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband			
Father's Name			Father's Birthplace			
Mother's Maiden Name			Mother's Birthplace			
Name of person giving information			How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cholera Diarrhoea</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. B. Landerbaugh</i>
		Address <i>Grantville Md</i>
Accident or Suicide?		

